

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							09732348						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	12	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	15												